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ABSTRACT

In an effort to improve the writing performance of non-native English-speaking students in a college preparatory composition course, a project was undertaken to reduce problems of self-esteem caused by communication apprehension through a speech assignment involving critical thinking and peer reviews. To evaluate the effect of the assignment, the Rosenberg Self-Esteem Scale (RSE), the Piers-Harris Self-Concept Scale (PHSC), the Coopersmith Self-Esteem Inventories (SEI), and other self-concept measures were administered to 42 students in the college preparatory class. A lecture was then given on delivering a speech and students selected topics for their own speeches. The speeches were graded by fellow-students and the teacher on content, appearance, eye contact, props, and time constraint. After each speech, strengths and weaknesses were discussed by the class. In the final phase of the project, the self-esteem inventories were re-administered in the last 4 weeks of the course. A comparative analysis of pre- and post-test results indicated the following: (1) in general, students showed increased levels of self-esteem on all the instruments; (2) for the SEI, 38% showed a positive change, compared to 12% showing a decline in self-esteem; and (3) similarly, on the RSE 66.66% of subjects showed positive change, compared to 12% showing a negative change. The report includes speech grading criteria, the self-esteem instruments, and results for each instrument. Contains 12 references. (KP)

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ED 379 023

USING PUBLIC SPEAKING AND CRITICAL THINKING TO INCREASE SELF-ESTEEM IN THE MULTI-CULTURAL COLLEGE PREP COMPOSITION CLASSROOM

by
Michael W. Weissberg, M.S.

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ABSTRACT

Using Public Speaking and Critical Thinking to Increase Self-Esteem in the Multi-Cultural College Prep Composition Classroom.
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The lowered sense of self-esteem caused by communication apprehension in multi-cultural college prep composition students was addressed by the implementation of a speech assignment involving critical thinking peer reviews. The self-esteem of the students was raised through positive feedback and constructive criticism from both peers and teacher.

Students' self-esteem and attitudes were measured through five instruments, the Rosenberg Self-Esteem Scale (RSE), The Piers-Harris Self-Concept Scale, the Coopersmith Self-Esteem Inventories (SEI), a pre/post treatment questionnaire designed by the author, and a post-treatment affective domain opinionnaire, designed by the author.

Results indicated increased levels of self-esteem for the target group. It was concluded that a public speaking assignment given in the content area, utilizing positive feedback and critical thinking, significantly raised self-esteem levels in the target group. Appendices include references, tables, data, and instruments designed by author.

AUTHORSHIP STATEMENT

I hereby attest that this paper and all the work it reports are entirely my own. When it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give this testimony freely, out of respect for the scholarship of other professionals in the field and in the hope that my own work, presented here, will earn similar respect.

_____

Michael W. Weissberg, Author

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CHAPTER I

PURPOSE

The school that was impacted by this practicum initiation is a multi-campus, state-supported community college with five campuses, and is recognized as one of the largest in the United States. According to the college Office of Public Affairs, in 1990-91 the college had served 122,166 individuals, with a total credit and non-credit enrollment at this campus of 52,203, the largest of the five campuses. Thirty-nine percent of the students served in 1990-91 were 21-25 years of age. More than 60 percent attended on a part-time basis, and the ethnic mix was 25.5 percent White non-Hispanic, 19 percent Black non-Hispanic, 53.3 percent Hispanic, 2.1 percent Asian, .1 percent Native American (Indian), with 58 percent of the students female, 42 percent male.

The specific department or academic subject impacted by this practicum was that of college prep English. Students who had taken

English college preparatory classes had done so because they had been identified as deficient in one or more areas of communication in a state-mandated standardized test (FL-MAPS/CPT). There are several different subjects that are addressed by the college prep department. There are three state mandated English courses in the college prep sequence. The English area college prep courses are ENC 0002, ENC 0020, and ENC 1100. The setting for this practicum was the ENC 1100 class. ENC 0002 is an entry level course with an emphasis on grammar, syntax, and sentence development. Students scoring between 15 and 20 on the FL-MAPS test are placed in this section. Four institutional credits are given for the ENC 0002 course, with a grade of "S" given if the course is satisfactorily completed. When a "P" (progress) or "U" (unsatisfactory) is assigned for the class, the class must be repeated. A "U" is figured into the cumulative GPA (grade point average) weighted like an "F".

ENC 0020 is the next level in the college prep sequence, with the paragraph formation and short essays being the area of importance. Students who place between 21 and 29 on the FL-MAPS test are directed to enroll in this class. ENC 0020 students are graded in the same way that

ENC 0002 students are. The courses ENC 0002 and ENC 0020 are similar in construction.

ENC 1100, the course in question, is the final step in the sequence. Writing, essays, grammar, and syntax are stressed in this class, with a belief that all students enrolled possess the skills common to graduates of ENC 0002 and ENC 0020. Students who score between 30 and 36 on the FL-MAPS test are required to enroll in ENC 1100. ENC 1100 students are graded on an ABCDF scale. Three regular academic credits are assigned for ENC 1100.

The curriculum of ENC 1100 is designed to prepare the student for a variety of communication tasks encountered in the college level courses. The areas of human communication are reading, writing, listening, and speaking. It was hypothesized that competence in reading, speaking, and listening, in conjunction with self-analysis and analysis of others (critical thinking), would help the student in developing the writing competencies. The student must eventually be prepared to write in response to reading and writing under the added pressure of time constraints.

The ENC 1100 student is required to develop some important competencies. The student should be able to write for various purposes: to inform, to persuade, to entertain, to critique, and to discover. In the interest of variety, and because the assignment lends itself to the development of all of the above competencies, the writing and delivery of a speech was included in this course as treatment. Other competencies listed by the department are: the use of a peer review process, the use of in-class time constraints, the preparing of outlines, the selecting of a topic, and the use of various styles; all of this was accomplished using the single speech assignment.

The socio-economic breakdown of the students scoring into the ENC 1100 section is diverse in nature, because the students at this setting are of multi-ethnic backgrounds. Many of these students grew up speaking primarily Spanish or bilingual Spanish/English. Many of these students' families speak only Spanish. Portuguese speaking students from Brazil may be found in the college prep class, as well as French-Creole-speaking students from Haiti. Also present from time to time are German, Chinese, and students of other languages, but in smaller numbers. The majority of

students are White or Hispanic, with a fairly equal male:female ratio, with few Blacks and Asians, and even fewer Native American Indians.

Other students taking the college prep classes are students who are native English speakers who do not speak another language besides English. Native English speakers who are in attendance have a deficiency in communications due to failure to learn the necessary skills in secondary school needed to pass a state mandated standardized test.

The economic backgrounds of the students vary, but the lower-middle and middle-middle class student is most common. The age range of the students is from eighteen years, in the case of a student newly graduated from secondary school, to adults taking classes for self improvement. Some older students are seeking Associate degrees.

The city in which the students live is a very large one, with a tri-county population in excess of four million. The city is described as a "melting pot" or "salad bowl" of ethnic cities with small, closely knit Black communities, as well as Puerto Rican, Brazilian, Columbian, Venezuelan, Peruvian, Jamaican, Nicaraguan, and Haitian, with large, spread out Cuban

communities. Mistrust and conflict is not uncommon between members of the communities.

In this ethnically and linguistically diverse setting, the teacher of ENC 1100 was to act as a facilitator, mentor, and guide. The students were given information and instruction, with corresponding writing assignments, which were graded and critiqued; the teacher provided the instruction relative to the students' needs, in accordance with departmental directives and state goals, utilizing a course text and outside material as necessary.

It is commonly accepted that communication takes place in four forms: writing, reading, listening, and speaking. Ideally, all adults should be able to communicate with one another effectively. It has been commonly accepted that people who speak English as a second language sometimes have trouble expressing themselves effectively in public. The observed difficulty becomes worse when the non-native speaker is forced to communicate with authority figures; this difficulty had been observed, discussed with students, and shown on questionnaires. The target group had a serious problem: there was a discrepancy showing that the target group

had what was believed to be a lower self-esteem than was usual for that group, which manifested itself in areas of communication.

Being assertive is often difficult for much of the population, but it can be especially difficult when one is unsure of the mode in which the communication is attempted; the problem is compounded if the other party is abusive due to the frustration caused by the communication gap. It has been determined that the students in question have been found deficient in one or more areas of communication; the deficiency has been noted, documented, and deemed measurable through the use of the FL-MAPS standardized test, which was the basis for their placement. Students who scored between 30 and 36 on the FL-MAPS test are required to enroll in ENC 1100, the course in which the test subjects were enrolled.

Upon taking the FL-MAPS test, if a communication deficiency was indicated, then enrollment in a standard freshman level writing course was contraindicated, and the college prep class was mandated by the state. Students scoring above cut levels on the FL-MAPS test, but were identified as being likely to benefit from college preparatory placement, had the option to enroll in the college prep sequence or in the individual classes. After

ENC 0002, ENC 0020, and ENC1100 have been successfully completed, the student will register for ENC 1101, the first core course in English composition.

It is commonly accepted that a lowered sense of self-esteem and self-concept can be manifested when a person is made to feel belittled due to a difficulty with a second language. It was hypothesized that the students would have varied scores on pretests indicating various levels of self-esteem, but that the levels would rise across the board in a homogeneous pattern.

The existing and post-treatment self-esteem levels were shown by the use of accepted measurement instruments. The Piers-Harris Self-Concept Scale, the Rosenberg Self-Esteem Scale (RSE), and Coopersmith Self-Esteem Inventories (SEI), were administered before and after the treatment to the target group of between 40 and 50 students, who ranged in age from 18 to 50, males and females fairly equally represented. A measurement instrument designed by the author, the Weissberg Pre/Post Treatment Questionnaire was also administered.

After the treatment, it was believed that the students would be able to speak more effectively in class and in public, with an increased public

speaking skill. Students would, after treatment, be more prepared for giving speeches in future classes, giving presentations in community and work-related setting, and be able to communicate wants, needs, and desires to officials in the everyday world.

The objectives were that over the course of one semester, at least 60 percent of the target group would show a measured increase in self-esteem of at least 20 percent, as a direct, measurable, result of the positive critical thinking and critique experience. The 20 percent increase would be shown by the four listed measurement instruments (the Piers-Harris Self-Concept Scale, the Rosenberg Self-Esteem Scale (RSE), the Coopersmith Self-Esteem Inventories (SEI), and the measurement instrument designed by the author, the Weissberg Pre/Post- Treatment Questionnaire), and a more positive attitude towards public speaking, as shown by the Weissberg Post-Treatment Opinionnarie.

CHAPTER II

RESEARCH AND SOLUTION STRATEGY

There was ample precedent for a study on public speaking in the composition classroom. In 1990, Grubaugh of the University of New Orleans addressed the idea of reducing student apprehension while improving oral skills.

Grubaugh described typical student apprehension: "On the day of the speech, the symptoms worsen. The student begins to perspire; heart rate increases; every ounce of strength is required just to walk to the front of the classroom. When speaking, the student can become breathless and sometimes have trembling hands that match a quavering voice. Dry 'cotton mouth' sets in, causing sticky-sounding words to come out. Fear can cause the student to lose the train of thought and be left standing in front of the group in embarrassed silence-unable to recover" (Grubaugh, 1990:255).

Grubaugh noted that "Outside of school, formal and informal speaking ... are difficult ... a national survey reported that Americans are more afraid of public speaking than death" (Grubaugh, 1990:255). Borden and Connell added that "The classroom is the best place to treat mild to moderate speech anxiety and to learn speaking skill" (Grubaugh, 1990:255).

Grubaugh taught that a four-part plan, including positive visualization, biofeedback, self-disclosure, and oral interpretation devices can lessen the anxiety of speaking in public. Grubaugh further said that it is important for the audience to be active and empathic listeners. Grubaugh states that students do not listen for a variety of reasons: they find the subject uninteresting, they criticize the delivery, they pursue their own thoughts or fantasies. They listen only for facts, they avoid difficult material, they create or tolerate distractions, and there is a gap between the speaker's rate of speech and the audience's rate of comprehension (Grubaugh, 1990:256).

Grubaugh said that students must become active listeners, and cited Moss and Tubbs' (1987) recommendations: that listeners anticipate the speaker's next remarks, review points previously made, and watch for

messages from the speaker's gestures, facial expressions, or tone of voice (Grubaugh, 1990:256).

Grubaugh insisted that speakers of other languages (ESL students) not be made to feel uncomfortable. In addition, Grubaugh says that discrediting a speaker's oral language leaves an impression that the teacher or other listeners are rejecting the speaker's language, culture, or experiences, and that discrediting another's language should not be tolerated (Grubaugh, 1990:256).

Grubaugh finished by saying that by helping a speaker overcome speaking modesty, teachers prepare students for effective use of oral language in life (Grubaugh, 1990:258).

In 1985, Saunders of Hampden-Sydney College noted that oral presentations in class helped self-esteem and increased motivation to write well (Saunders, 1985:358). According to Saunders, "The strongest point ... in favor of oral work in the composition classroom is that it enables students to feel that they are taken seriously as people with minds, and this confidence can increase motivation to write well and even to tackle research

papers with some sense of pleasure and accomplishment" (Saunders, 1985:358).

Saunders noted that "To increase the students' commitment to their work, the discussion after each presentation must center on content" (Saunders, 1985:359). Saunders had groups of students give term papers with and without oral presentations, and reported a decrease in the number of "F" papers and an increase of grades of "B" or higher. As stated, the students showed a positive commitment to the topics and responded well to treatment. "Improved written work results, I think, from the greatest benefit of oral presentations: the students' positive commitments to their topics" (Saunders, 1985:358).

Saunders advocated a topical discussion on the subject which centered on content. Students were encouraged to take notes and make comments or question afterwards anything about which they felt unsure. As a result of these findings, Saunders hoped to see a marriage of public speaking and composition courses in the rhetoric programs of tomorrow.

In 1990, Wells, a teacher from Colorado, acknowledged that students learn and retain more when they are personally involved in the learning

process; therefore, the students were required to do a prepared, memorized speech with a prop. Wells found that the students became more creative as they progressed.

The solution strategy of this practicum was based partially on Wells' solution strategy, although several differences between the two approaches exist. One minor difference between the two strategies was that Wells forbade the use of notes, while the use of notes was encouraged, with memorization being discouraged in this strategy. A second difference between Wells' solution and that of this practicum, was that Wells' assignments were shorter, and the students younger, than those of this application. A third difference between Wells' solution and that of this practicum, was that it was assumed that notes were crucial to a longer speech for organizational purposes; Wells advocated several speeches, with a varied focus.

Wells advocated the use of other methods, such as drama, imaginative role play, and visual presentations, as well as the speech itself (Wells, 1990:271).

Shute, a teacher from Massachusetts, has addressed the idea of the English teacher as a Speech teacher, in an article that echoed the solution that has been offered herein.

Shute said that speech as a subject in the English classroom can include elocution, dramatics, speech making, debate, parliamentary procedure, sales interview, even TV and radio work (Shute, 1986:32).

The solution strategy of this practicum was based partially on Shutes' solution strategy as well, although several differences between the two approaches exist. One minor difference between the two strategies was that Shute's solution was similar in theory to that of this solution; differences between Shute's solution and this solution included the age of the students, the time allowed for preparation, and the method of evaluation. Shute's students were of high school age, and therefore younger; Shute allowed only two to three nights for preparation; students formally rated only one other student's speech, rather than every other student's speech.

Shute said that the speaker's purpose must be clarified. Shute states that the purposes for speech making are: to inform, entertain, persuade,

demonstrate, introduce, inspire, and thank. Shute assigns different purposes to different individuals in class (Shute, 1986:33).

Shute said that five concepts are key in speech making; these are purpose, audience, content, delivery, and evaluation. Shute finishes by saying that strengths must be built on, rather than ignored, and while it is impossible to teach everything possible about speech, or even to present the speech in the detail that an expert would have, it is however, possible to expose students to an important area of communication, make the students aware of how to transfer writing skills to another area of communication, and to increase general knowledge and critical faculties, as well as to give experience (Shute, 1986:34).

In 1987, Conner and Williams, school teachers from Annapolis, Maryland, discussed whether or not tension and apprehension related to public speaking was related to the employment status of adult students in basic education classes. The Conner/Williams solution targets a social status, rather than a socio-linguistic problem statement.

The Conner/Williams model centered on whether or not the adult speaker was employed. Conner and Williams found that the unemployed

student generally found a greater level of apprehension than did an employed student. The public speaking treatment made students more employable (Conner and Williams, 1987:18).

The Conner/Williams model centered on adult students who have a condition identified by McCroskey (1977) as CA, which is defined as "An anxiety syndrome associated with either real or anticipated communication with another person or persons" (Conner and Williams, 1987:14), as opposed to this practicum, the focus of which is the student who has little or no experience with public speaking, and therefore has a limited apprehension, due to limited exposure to the subject.

The Conner and Williams study seemed to indicate that there was a correlation between student unemployment and self reported communication apprehension. Conner and Williams discovered that an Adult Basic Education Program can stress the positive features of reduced communication apprehension, screen current students to determine the levels of communication apprehension, and develop and implement programs to reduce the communication apprehensive students that have been identified.

Henderson (1982) said that "it is assumed that the second language students ... are seeking to refine their abilities in formal speech presentation, and communication which they will later use in college" (Henderson, 1982:3.) Henderson detailed three assignments designed to emphasize speaking confidence, capability, and clarity of thought in speech, in ESOL students: extemporaneous speaking, debate, and impromptu speaking (Henderson, 1982:2).

The three assignments identified by Henderson train students in organizational concepts such as transition, topic limiting, and subordination, as well as promoting and developing spontaneous speaking skills (Henderson, 1982:2).

The Henderson model included critiques, and centers on limiting the apprehension of the ESOL student, but differs in the idea of a forced speech in which the student has little or no time to prepare; critical thinking, confidence and the development of quick thought processes are of imprimis importance in Henderson's model (Henderson, 1982:2).

The Henderson model was targeted specifically for high school ESOL students, because Henderson feels that refining reading and writing are not

enough, and that communication and formal speech presentation skills are important enough to the students to be included at the secondary level; Henderson also notes a halo effect that improves listening comprehension and writing skills, event though these skills are not formally or specifically targeted. (Henderson, 1982:3).

Morris (1987) presented several types of speeches that were used (informative, persuasive, and those using visual) to focus on critical listening. Self-esteem was not a focus of the Morris model; Morris' students did however center on positive critique and critical analysis (Morris, 1987:6).

Morris specifically targeted the critical listening aspect, citing others who say that critical thinking is achieved through critical listening, by virtue of the fact that the listening is done to analyze the evidence or ideas of others in the group, and making critical judgments as to the validity of the materials presented (Morris, 1987:1).

Critical thinking was defined here as the analysis of a problem, selection and examination of evidence, interpretation of data, determination of logical relationships, testing of reasoning, reaching of conclusions, and

selection of appropriate language, all of which provide the foundation for critical listening (Morris, 1987:1). According to Morris, Auer labeled three different types of critics, each of whom had a special focus: "scholar-critics ('what happened?'), peer-critics ('how was it done?'), and citizen-critics ('is it significant?')" (Auer, 1969:349). It was assumed that the students in question, ENC 1100 students, would be primarily taking the role as peer-critics.

In the Morris model, speeches were assigned, and critique sheets are given to the students. Students presented a written critique and oral commentary at the conclusion of each round of speeches.

According to Morris, the teacher's role in the first four days of the implementation would be to focus on the basics of rhetorical criticism, provide a model for constructive criticism, provide instruction in speaking and listening, lessen student anxiety with regard to peer criticism, and give the students an opportunity to practice their peer critic skills (Morris, 1987:5). The professor's role in the practicum initiation peer review was similar to the instructors role Morris's solution. According to Morris, "the

instructor leads the critique session and encourages the other class members to participate in the discussion" (Morris, 1987:6).

The terminal objectives of the Morris model were for the student to become more aware of the patterns of effective listening, to have a model for self-evaluative judgments of students' rhetorical acts in and out of the classroom, and to improve other key aspects of rhetorical communication (Morris, 1987:8).

Lake and Adams, instructors from two universities in Missouri, had approached their solution by the inclusion of the VTR (Video Tape Recorder, more commonly referred to as VCR). Lake and Adams advocated the use of the VTR as a feedback instrument. Lake and Adams' subjects for the study were students in high school, with an equal representation of both sexes. The major finding in the Lake and Adams model was that the VTR did not significantly raise student apprehension, but did allow students to critique their own speeches. According to Lake and Adams, "the VTR (Video Tape Recorder) can be used in high school instruction as a feedback instrument without fear of serious negative effects on speaker performances

or the general emotional condition of the student" (Lake and Adams, 1984:334).

The Lake and Adams model echoed other models in that critical analysis of speeches is indicated in most of the models reviewed. The major aspect of the study seems to point to a concern as to whether or not the students would develop an apprehension of speaking in front of the camera; experimental design was utilized, with a random sampling of the students being made, as well as a control situation with no VTR.

The critical thinking aspect of the study plays a major part in the emergence of improved self-esteem, by virtue of the fact that there comes a point where the student's opinion becomes very important to the peers and teachers, making the subject feel more important and giving the students an opportunity to realize the importance of their opinions.

Tama, in 1989, noted that critical thinking has a place in every classroom. Tama lists three principles which need to be taught to students to develop critical thinking: the encouragement of active learning, articulation about thinking, and thinking about thinking.

Tama reminds us that students learn by doing; Tama therefore encourages active learning. Interactive conditions include reading, writing, and discussing.

Articulation thinking includes building the knowledge base, extending understanding, and improving judgments about the matters discussed.

Tama notes that Brown (1984) found that the most successful teachers taught students to develop an awareness of their own thinking, studying, and reading. Tama finishes by saying that in ERIC data base, there were few if any references that dealt with left brain subject. (Tama, 1989:65).

The solution that was posed in this initiation, borrowed concepts from all of the above literature and solution strategies. The solution for this initiation took a relatively short period of time, little if any cost, and involved no support personnel or equipment which was not already in the room as standard equipment.

CHAPTER III

METHOD

The first phase of implementation of this quasi-experimental research design began with an informed consent form that was filled out by all test subjects in week one (Appendix A:40); informed consent was used for the program, with the students not knowing the terminal objectives. The test subjects were selected according to the FL-Maps standardized test in a classic example of cluster sampling. The students had the option of abstaining from the study, but the assignment remained mandatory and was to be graded.

The informed consent form was followed by the administration of four measurement instruments: The Weissberg Pre/Post Treatment Questionnaire prepared for this experiment, The Rosenberg Self-Esteem Scale (RSE), which was administered during week two, The Piers-Harris Self-Concept Scale, which was administered during week three, and The Coopersmith Self-Esteem Inventories (SEI), which was administered during

week four. The administration of these instruments showed a general lowered self-esteem and attitudes about public speaking ranging from indifference to profound dislike.

The second phase of implementation took the form of a lecture given on the delivery of a speech. The lectures contained a general introduction including a justification of public speaking as one of four elements of communication. The students also were made aware of the other three elements of communication, those being listening, reading, and speaking.

The lectures in the second phase of the implementation contained sections on content, appearance, eye contact, props, and time constraint. The elements that were believed to be crucial to the speech were discussed and used to reinforce course goals of learning to write for various purposes. The course goals of learning to write to inform, to persuade, to entertain, to critique, and to discover, were further stressed.

In the third phase of implementation, the students selected their topics and delivered their speeches during weeks six and seven. Students had the opportunity to discuss topics with peers and teacher, and had the opportunity to do preliminary research on the topic. Students chose their own topics for the assignment. Prior to the delivery of the speeches, the students were given a grading criteria for the assignment (Appendix B:42).

The following grading scale was used: a number, one through five, was assigned for each of the five sections that were being rated, namely content, appearance, eye contact, props, and time constraint.

The grading scale designed for the project equated an "A" for each 5, a "B" for each 4, a "C" for each 3, a "D" for each 2, and an "F" for each 1. The criteria for each rating was supplied. The five point values were added and averaged, and a letter grade was assigned to each student for the speech project.

Each student in the class was given a rating sheet with the criteria in front of them for each of their peer's speeches. Each student rated the others according to the information received in the lecture, and to how close the speaker was to the pre-determined goals.

After each speech, the class discussed in a critical-thinking peer review the strengths and weaknesses of the speech. The critical thinking aspect of the implementation was crucial, and was the central part of the treatment in this setting. The critical thinking aspect set the positive tone that was to improve the self-esteem, and satisfy the measurable behavioral outcome objectives for the target group. Critiques touched on all criterion areas. The teacher was the facilitator and monitor for the peer review, using prompting, probing, redirection, and leading questions to query each student

as to what could have made the speech better and what were the strong points of the speech.

The professor's role in the peer review was to act as guide. The peer review had an overall tone of friendliness, support, and constructiveness. The second and third phases of the study were identified as the independent variable.

The fourth and final phase of implementation of this project was the re-administration of four measurement instruments: the Weissberg Pre/Post Treatment Questionnaire prepared for this experiment (Appendix C:47), which was administered during week eight, the Weissberg Post Treatment Opinionnaire, which was administered during week nine, the Rosenberg Self-Esteem Scale (RSE), which was administered during week ten, the Piers-Harris Self-Concept Scale, which was administered during week eleven, and the Coopersmith Self-Esteem Inventories (SEI), which was administered during week twelve. The administration of these instruments showed a general heightening of the self-esteem, both on an individual and group-wide basis, and a new confidence and positive attitude toward public speaking, all of which were identified as the dependent variable.

CHAPTER IV

RESULTS

THE WEISSBERG PRE/POST-TREATMENT QUESTIONNAIRE

A pre/post-treatment questionnaire that had been prepared specially for this implementation was utilized (Appendix C:47). The pre/post-treatment questionnaire consisted of seven statements, three positive, and four negative, regarding public speaking and communication. The students responded to the statements using the terms "strongly agree", "agree", "no opinion", "disagree", and "strongly disagree". The responses of the students were converted to a point system (Appendix D:49), which indicated high or low self-esteem on a measurement grid (Appendix E:51).

Of the 42 subjects who participated in the study, 41 subjects, or 97.61 percent of the subjects in the study (SR-PRE) responded to the Weissberg Pre/Post Treatment Questionnaire pretest, and of the 42 subjects who participated in the study, 35 subjects, or 83.33 percent of the subjects in the

study (SR-POST) responded to the Weissberg Pre/Post-Treatment Questionnaire post test (Appendix F:53).

The 2.39 percent of the subjects who did not respond to the pretest, and the 16.67 percent of the subjects who did not respond to the post test, did not take the test due to absenteeism.

The total number of possible questions in the Weissberg Pre/Post-Treatment Questionnaire was determined by multiplying the number of subjects in the study (SR) by the number of test items (7) for a total number of possible questions , which was 294 (100.00 percent). The number of possible questions in the Weissberg Pre/Post-Treatment Questionnaire pretest was determined by multiplying the number of subjects responding to the pretest (SR-PRE) by the number of test items (7) for a total number of pretest questions, which was 287 (97.61 percent). The number of possible questions in the Weissberg Pre/Post-Treatment Questionnaire post test was determined by multiplying the number of subjects responding to the post test (SR-POST) by the number of test items (7) for a total number of post test questions , which was 245 (83.33 percent).

Subjects who responded to any item in the Weissberg Pre/Post-Treatment Questionnaire with a "No Opinion" answer were given no points for that particular item (NOTE: this gave a false indication of the self-esteem level of the subject being slightly higher than it should have been), so the number of "No Opinion" answers for the pretest and post test was tabulated. The number of "No Opinion" answers for the Weissberg Pre/Post-Treatment Questionnaire pretest was 33, (11.49 percent), and the number of "No Opinion" answers for the Weissberg Pre/Post-Treatment Questionnaire post test was 28, (11.42 percent). The fact that the number of "No Opinion" answers was lower in the post test than in the pretest indicates that the students had a more completely formed opinion with regard to public speaking.

The Weissberg Pre/Post-Treatment Questionnaire pretest Mean (X) was 11.36 percent; the pretest Mode (M) was 14; the pretest Median (Mdn) was 11; the pretest Standard Deviation (S) was 3.20.

The Weissberg Pre/Post-Treatment Questionnaire post test Mean (X) was 10.91 percent; the post test Mode (M) was 13; the post test Median

(Mdn) was 11; the post test Standard Deviation (S) was 2.72 (Appendix F:53).

According to the Weissberg Pre/Post-Treatment Questionnaire, the number of subjects in the study who showed no changed in self-esteem as a result of the treatment was four (9.52 percent); the number of subjects in the study who showed inconclusive as a result of responding to only the pretest or only the post test was eight (19.04 percent); the number of subjects in the study who showed a negative change in self-esteem as a result of the treatment was 12 (28.57 percent); the number of subjects in the study who showed a positive change in self-esteem as a result of the treatment was 18 (42.85 percent) (Appendix F:53).

The Weissberg Pre/Post-Treatment Questionnaire was able to measure the estimated increase in self-esteem; it showed an improved attitude toward public speaking. It was believed that the drop in self-esteem in some subjects could be partially attributed to measurement error, frustration with repeated administration of measurement instruments, and student satiation.

In addition to the Weissberg Pre/Post-Treatment Questionnaire, three testing instruments which had been tested reliable and valid were used to

more accurately gauge the students' self-esteem levels. The three instruments were administered before and after the treatment, and the difference between the before and after showed the increase in self-esteem as a result of the treatment. The measurement devices that were administered were the Piers-Harris Self-Concept Scale, the Rosenberg Self-Esteem Scale (RSE), and the Coopersmith Self-Esteem Inventories (SEI).

THE COOPERSMITH SELF-ESTEEM INVENTORIES (SEI)

The Coopersmith Self-Esteem Inventories (SEI) Adult form (form C) consisted of 25 items. The SEI items consisted of short statements, and were answered with "like me" or "unlike me", rather than yes or no answers, as was the case with the Piers-Harris instrument, or "strongly agree", "agree", "disagree", and "strongly disagree" for the Rosenberg Self-Esteem Scale or "strongly agree", "agree", "no opinion", "disagree", and "strongly disagree", in the case of the Weissberg Pre/Post-Treatment Questionnaire.

Of the 42 subjects who participated in the study, 39 subjects, or 92.85 percent of the subjects in the study (SR-PRE) responded to the Coopersmith

Self-Esteem Inventories (SEI) pretest, and of the 42 subjects who participated in the study, 31 subjects, or 73.80 percent of the subjects in the study (SR-POST) responded to the Coopersmith Self-Esteem Inventories (SEI) post test (Appendix G:58).

The 7.15 percent of the subjects who did not respond to the pretest, and the 26.20 percent of the subjects who did not respond to the post test, did not take the test due to absenteeism.

The number of possible questions in the Coopersmith Self-Esteem Inventories (SEI) was determined by multiplying the number of subjects in the study (SR) by the number of test items (25) for a total number of possible questions , which was 1050 (100.00 percent). The number of possible questions in the Coopersmith Self-Esteem Inventories (SEI) pretest was determined by multiplying the number of subjects responding to the pretest (SR-PRE) by the number of test items (25) for a total number of pretest questions , which was 975 (92.85 percent). The number of possible questions in the Coopersmith Self-Esteem Inventories (SEI) post test was determined by multiplying the number of subjects responding to the post test

(SR-POST) by the number of test items (25) for a total number of post test questions , which was 775 (73.80 percent).

The Coopersmith Self-Esteem Inventories (SEI) pretest Mean (X) was 75.79 percent; the pretest Mode (M) was 16; the pretest Median (Mdn) was 76; the pretest Standard Deviation (S) was 15.95.

The Coopersmith Self-Esteem Inventories (SEI) post test Mean (X) was 81.68 percent; the post test Mode (M) was 88; the post test Median (Mdn) was 84; the post test Standard Deviation (S) was 13.05 (Appendix G:58).

According to the Coopersmith Self-Esteem Inventories (SEI), the number of subjects in the study who showed no changed in self-esteem as a result of the treatment was seven (16.66 percent); the number of subjects in the study who showed inconclusive as a result of responding to only the pretest or only the post test was 14 (33.33 percent); the number of subjects in the study who showed a negative change in self-esteem as a result of the treatment was five (11.90 percent); the number of subjects in the study who showed a positive change in self-esteem as a result of the treatment was 16 (38.09 percent) (Appendix G:58).

The Coopersmith Self-Esteem Inventories (SEI) was able to measure the estimated increase in self-esteem; It was believed that the drop in self-esteem in some subjects could be partially attributed to measurement error, frustration with the repeated administration of measurement instruments, and student satiation.

THE ROSENBERG SELF-ESTEEM SCALE (RSE)

The RSE was a ten item scale that was developed in 1962 to measure the self-esteem of high school students, but according to Rosenberg, the scale had been used with a number of groups, including adults. The students responded to a series of statements using the terms "strongly agree", "agree","disagree", and "strongly disagree". As a Guttman Scale, scoring was based on a method of combined ratings.

Of the 42 subjects who participated in the study, 34 subjects, or 80.95 percent of the subjects in the study (SR-PRE) responded to the Rosenberg Self-Esteem Scale pretest and post test, as the students who did not take either the pretest or post test were not scored on the test that were

taken. The subjects who did not respond to the pretest or the post test, did not take the test due to absenteeism.

The number of possible questions in the Rosenberg Self-Esteem Scale was determined by multiplying the number of subjects in the study (SR) by the number of test items (10) for a total number of possible questions , which was 420 (100.00 percent). The number of possible questions in the Rosenberg Self-Esteem Scale pretest was determined by multiplying the number of subjects responding to the pretest (SR-PRE) by the number of test items (10) for a total number of pretest questions, which was 340 (80.95 percent). The number of possible questions in the Rosenberg Self-Esteem Scale pre test was the same as the number of possible post test questions, and was determined by multiplying the number of subjects responding to the post test (SR-POST) by the number of test items (10) for a total number of post test questions , which was 340 (80.95 percent) (Appendix H:63) .

The Rosenberg Self-Esteem Scale pretest Mean (X) was 23.79 percent; the pretest Mode (M) was 17; the pretest Median (Mdn) was 25.50; the pretest Standard Deviation (S) was 7.16.

The Rosenberg Self-Esteem Scale post test Mean (X) was 31.26 percent; the post test Mode (M) was 29; the post test Median (Mdn) was 31.00; the post test Standard Deviation (S) was 5.50. An additional set of data was obtained for the Rosenberg Self-Esteem Scale using computers; It was determined that the degrees of freedom was 33.00; the t-statistic was 5.83; and the t-probability (two-tailed) was 0.000002. (Appendix H:63).

According to the Rosenberg Self-Esteem Scale, the number of subjects in the study who showed no changed in self-esteem as a result of the treatment was one (02.38 percent); the number of subjects in the study who showed inconclusive as a result of responding to only the pretest or only the post test was eight (19.04 percent); the number of subjects in the study who showed a negative change in self-esteem as a result of the treatment was five (11.90 percent); the number of subjects in the study who showed a positive change in self-esteem as a result of the treatment was 28 (66.66 percent) (Appendix H:63).

The Rosenberg Self-Esteem Scale was able to measure the estimated increase in self-esteem; It was believed that the drop in self-esteem in some subjects could again be attributed to measurement error, frustration

with repeated administration of measurement instruments, and student satiation.

THE PIERS-HARRIS SELF-CONCEPT SCALE

The Piers-Harris Self-Concept Scale was used to find out about how the individuals felt about themselves. The piers-Harris instrument was composed of declarative statements, negative and positive; The Piers-Harris instrument was composed of eighty items. The students gave yes or no answers for this instrument rather than using the terms "strongly agree", "agree", "no opinion", "disagree", and "strongly disagree".

Of the 42 subjects who participated in the study, twenty-seven subjects, or 64.28 percent of the subjects in the study (SR-PRE) responded to the Piers-Harris Self-Concept Scale pretest and post test, as the students who did not take either the pretest or post test were not scored on the test that were taken. The subjects who did not respond to the pretest or the post test, did not take the test due to absenteeism.

The number of possible questions in the Piers-Harris Self-Concept Scale was determined by multiplying the number of subjects in the study (SR) by the number of test items (80) for a total number of possible questions, which was 3,360 (100.00 percent). The number of possible questions in the Piers-Harris Self-Concept Scale pretest was determined by multiplying the number of subjects responding to the pretest (SR-PRE) by the number of test items (810) for a total number of pretest questions, which was 2,160 (64.28 percent). The number of possible questions in the Piers-Harris Self-Concept Scale post test was the same as the number in the pre test, and was determined by multiplying the number of subjects responding to the post test (SR-POST) by the number of test items (80) for a total number of post test questions , which was 2,160 (64.28 percent) (Appendix I:68).

The Piers-Harris Self-Concept Scale pretest Mean (X) was 42.81 percent; the pretest Mode (M) was 26; the pretest Median (Mdn) was 39.00; the pretest Standard Deviation (S) was 14.06.

The Piers-Harris Self-Concept Scale post test Mean (X) was 59.00 percent; the post test Mode (M) was 56; the post test Median (Mdn) was

56.00; the post test Standard Deviation (S) was 7.96. An additional set of data was obtained for the Piers-Harris Self-Concept Scale using computers; It was determined that the degrees of freedom was 41.11; the t-statistic was 5.20; and the t-probability (two-tailed) was 0.000006 (Appendix I:68).

According to the Piers-Harris Self-Concept Scale, the number of subjects in the study who showed no change in self-esteem as a result of the treatment was zero (00.00 percent); the number of subjects in the study who showed inconclusive as a result of responding to only the pretest or only the post test was 15 (35.71 percent); the number of subjects in the study who showed a negative change in self-esteem as a result of the treatment was four (09.52 percent); the number of subjects in the study who showed a positive change in self-esteem as a result of the treatment was 23 (54.76 percent) (Appendix I:68).

The Piers-Harris Self-Concept Scale was able to measure the estimated increase in self-esteem; It was believed that the drop in self-esteem in some subjects could again be attributed to measurement error, frustration with repeated administration of measurement instruments, and student satiation.

TOTAL SELF-ESTEEM INCREASE OVER OUTCOME OBJECTIVES

The total self-esteem increase was tabulated by measurement instrument. The total amount of increase varied according to the instruments, with the highest increase indicated by the Rosenberg Self-Esteem Scale (RSE), and the lowest increase indicated by the Coopersmith Self-Esteem Inventories (SEI) (Appendix J:73)

According to the measurement instruments, the outcome objectives were exceeded. The Weissberg Pre/Post-Treatment Questionnaire exceeded the outcome objective by 22.85 percent. The Coopersmith Self-Esteem Inventories (SEI) exceeded the outcome objective by 18.09 percent. The Rosenberg Self-Esteem Scale (RSE) exceeded the outcome objective by 46.66 percent. The Piers-Harris Self-Concept Scale exceeded the outcome objective by 34.76 percent (Appendix K:74).

WEISSBERG POST-TREATMENT OPINIONNAIRE

In addition to the four measurement instruments, a post-treatment affective domain opinionnaire that had been prepared specially for this

implementation, The Weissberg Post-Treatment Opinionnaire, was utilized (Appendix L:76). The Weissberg Post-Treatment Opinionnaire consisted of 11 statements, 10 positive, and one negative, regarding public speaking and communication. The students responded to the statements using the terms "strongly agree", "agree", "no opinion", "disagree", and "strongly disagree". The responses of the students were converted to a point system (Appendix M:80), which indicated high or low self-esteem on a measurement grid Appendix N:82).

A printout of the subjects' converted scores, as well as their converted indicative ratings was obtained. The computer was able to produce a spreadsheet showing how many "strongly agree", "agree", "no opinion", "disagree", and "strongly disagree". Responses were logged by the subjects responding for each of the 11 instrument items in the Weissberg Post-Treatment Opinionnaire (Appendix L:77); these figures could be compared with the supplied sample of the instrument to indicate how strongly the subjects felt about speaking after the treatment was administered. Of the 42 subjects who participated in the study, 36 subjects, or 85.71 percent of the subjects in the study (SR-POST) responded to

Weissberg Post-Treatment Opinionnaire. The 14.29 percent of the subjects who did not respond to the post test, did not take the test due to absenteeism.

The number of possible questions in the Weissberg Post-Treatment Opinionnaire was determined by multiplying the number of subjects in the study (SR) by the number of test items (11) for a total number of possible questions , which was 462 (100.00 percent). The number of possible questions in the Weissberg Post-Treatment Opinionnaire post test was determined by multiplying the number of subjects responding to the pretest (SR-POST) by the number of test items (11) for a total number of pretest questions, which was 396 (85.71 percent) (Appendix O:84).

Subjects who responded to any item in the Weissberg Post-Treatment Opinionnaire with a "No Opinion" answer were given no points for that particular item (NOTE: this gave a false indication of the self-esteem level of the subject being slightly higher than it should have been), so the number of "No Opinion" answers for the post test was tabulated. The number of "No Opinion" answers for the Weissberg Post-Treatment Opinionnaire post test was 48, (12.12 percent) (Appendix P:86).

According to the Weissberg Post-Treatment Opinionnaire post test the subjects in the study showed a positive change in self-esteem, and had a more positive attitude toward speaking in public, as a result of the treatment. The Weissberg Post-Treatment Opinionnaire post test was able to measure the positive increase in affective domain attitudes that resulted from the treatment. The most important benefits of the speech experiment were the most difficult to gauge; the effect that it would have on future writing. It was expected that the positive experience in public speech making would have a positive effect on future projects. It was indicated on the Weissberg Post-Treatment Opinionnaire that many of the students would take a course in public speaking in the future.

The measurement instruments did, however, show that a positive increase in self-esteem, greater than the outcome objectives, was attained. The increase in self-esteem was judged to be significant, and important. All results obtained herein pointed to the conclusion that the positive attitudes of the students, that were born of the critical thinking critiques, made a difference in the lives of the students in the target group.

CHAPTER V

RECOMMENDATIONS

The Public Speaking to Increase Self-Esteem Implementation was designed to be effective for secondary school students from tenth grade through twelve grade, and for adults in community college, under graduate colleges and universities, and in all levels of graduate school.

Any student from adolescence through all phases of adulthood can benefit from being a more effective communicator. The study will really shine when used to help multi-lingual students in a multi-cultural classroom and will have maximum benefit on non-native speakers of English.

The Plan was designed to be easy to implement, it can be used by any teacher in most subject areas, but lends itself especially to the English, writing, social studies, and humanities classes.

The high school teacher has the luxury of having the students for 10 months. If the high school teacher has access to a audio-visual lab or

department, and wishes to extend the public presentation project, by having the speeches video taped, then it is encouraged.

It was suggested by the department chair that this solution strategy be implemented on a departmental-wide basis. Departmental-wide or school-wide implementation can be achieved by the presentation of a short workshop, where terminal objectives are explained, and methodology is shared. No special training or administration should be necessary in most cases. The speech assignment and self-esteem treatment utilizing the critical thinking critiques should pose no additional cost, and should require no additional support personnel or equipment.

The implementation of the public speaking program can be achieved in any content area, if the teacher assigns the topic of the speech. The public speaking unit can therefore be implemented in content areas where oral communication might have been overlooked in the past, namely the sciences, math classes or courses, areas where speech and composition are rarely present as part of the curriculum.

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APPENDIX A

INFORMED CONSENT FORM

APPENDIX A

INFORMED CONSENT FORM

CONFIDENTIAL

Student Number:

This form is to notify the student that your class will have the opportunity to participate in an educational experiment. The purpose of the this experiment is to gather information on new techniques for the betterment of the field of education.

Participation in this experiment is appreciated, but not mandatory. Your grade will not be affected by the outcome of this study, or a decision not to participate in the study. Anonymity will be kept at all times, and students will use only a student number on all materials for this study.

I agree to participate in the study. [ ]

I do not wish to participate in the study. [ ]

Signature:_____

Print Name:_____

Date:_____

APPENDIX B

GRADING CRITERIA FOR SPEECH ASSIGNMENT

APPENDIX B

GRADING CRITERIA FOR SPEECH ASSIGNMENT

A grading scale of one through five, with five being the highest, and corresponding to a grade of "A" will be used, with four through one corresponding to "B" through "F", respectively, e.g.:

5=A, 4=B, 3=C, 2=D, 1=F

will be used. The students will be rated in the following ares:

Content

Appearance

Eye Contact

Props

Time

The grading criteria for each individual section will be as follows:

CONTENT

5 = Research evident; student liberally uses quotes, statistics, opinions, facts; has no trouble answering questions.

4 = Research evident; student uses some statistics or quotes; has to trouble answering questions.

3 = Some evidence of research; avoids questions.

2 = Little evidence of research evident; has trouble answering questions.

1 = No evidence of research evident; unable to answer questions.

APPEARANCE

5 = MALE: coat, tie, dress shoes. FEMALE: business attire/dress, hose, formal shoes.

4 = Passable attire; lacking in at least one area. e.g.: omitting coat.

3 = Attire too informal; open-necked shirt or other unbusinesslike attire; lacking in at least one area.

2 = Attire unacceptable for business; slightly more formal than street wear; lacking in several areas.

1 = Street clothes; jeans, t-shirt; no effort.

EYE CONTACT

5 = Student makes contact with 100% of class several times.

4 = Student makes contact with no less than 80% of class several times.

3 = Student makes contact with 60% of class.

2 = Student makes contact with 40% of class.

1 = Student makes little or no contact with class.

PROPS

5 = Student uses many props effectively; props aid in understanding, make speech interesting.

4 = Student uses two props, effectively.

3 = Student uses one prop, effectively.

2 = Student supplies one prop, makes no reference to prop.

1 = No props.

TIME

5 = Student is within +/- 30 seconds of allotted time.

4 = Student is within +/- 60 seconds of allotted time.

3 = Student is within +/- 120 seconds of allotted time.

2 = Student is within +/- 180 seconds of allotted time.

1 = Student is within +/- 240 seconds of allotted time.

APPENDIX C

WEISSBERG PRE/POST-TREATMENT QUESTIONNAIRE

APPENDIX C

WEISSBERG PRE/POST-TREATMENT QUESTIONNAIRE

DIRECTIONS:

Place the appropriate number before the item statement:

1=Strongly Agree, 2=Agree, 3=No Opinion, 4=Disagree, 5=Strongly Disagree.

1. I like public speaking.
2. I speak another language besides English.
3. I wish I were a better public speaker.
4. I have difficulty selecting the proper English words or phrases when speaking in public.
5. I get embarrassed or feel uncomfortable when making requests in English regarding complaints to clerks, police officers, or officials.
6. I think that people regard me as "stupid" or "ignorant" when I don't communicate effectively in English.
7. I have been insulted by an English-only speaker, because of the way that I communicate, or because I have had difficulty communicating with that speaker.

APPENDIX D

WEISSBERG PRE/POST-TREATMENT QUESTIONNAIRE

SCORING VALUES

APPENDIX D

WEISSBERG PRE/POST-TREATMENT QUESTIONNAIRE

SCORING VALUES

Questions 1, 2, 3 are positive. An answer of "1" or "2" indicates high self-esteem, so a "1" will be worth 1 point. A "2" will be worth 2 points. An answer of "4" or "5" indicates low self-esteem, so a "4" will be worth 3 points, and a "5" will be worth 4 points. For scoring, a "3" is worth no points.

Questions 4, 5, 6, 7 are negative. An answer of "1" or "2" indicates low self-esteem. A "1" will be worth 4 points, and a "2" will be worth 3 points. A "4" or "5" will indicate high self-esteem. A "4" will be worth 2 points, and a "5" will be worth 1 point. For scoring, a "3" is worth no points.

The higher the point value, the lower the self-esteem.

APPENDIX E

WEISSBERG PRE/POST-TREATMENT QUESTIONNAIRE

CONVERSION GRID

APPENDIX E

WEISSBERG PRE/POST-TREATMENT QUESTIONNAIRE

CONVERSION GRID

7----------12----------18----------23----------28

VERY HIGH HIGH MEDIUM LOW VERY LOW

APPENDIX F

WEISSBERG PRE/POST-QUESTIONNAIRE

RESULTS

APPENDIX F

WEISSBERG PRE/POST QUESTIONNAIRE

RESULTS

Number of:		
Subjects in study (SR):	42	(100.00%)
Subjects responding to Pre-Test (SR-PRE):	41	(97.61%)
Subjects responding to Post-Test (SR-POST):	35	(83.33%)
Possible questions in test (42 x 7 items):	294	(100.00%)
Pre-Test questions (SR-PRE x 7):	287	(97.61%)
Post-Test questions (SR-POST x 7):	245	(83.33%)
'No Opinion" Pre-Test responses:	33	(11.49%)
'No Opinion' Post-Test responses:	28	(11.42%)
Subjects showing 'No Change':	4	(9.52%)
Subjects showing 'Inconclusive':	8	(9.04%)
Subjects showing negative change:	12	(28.57%)
Subjects showing positive change:	18	(42.85%)

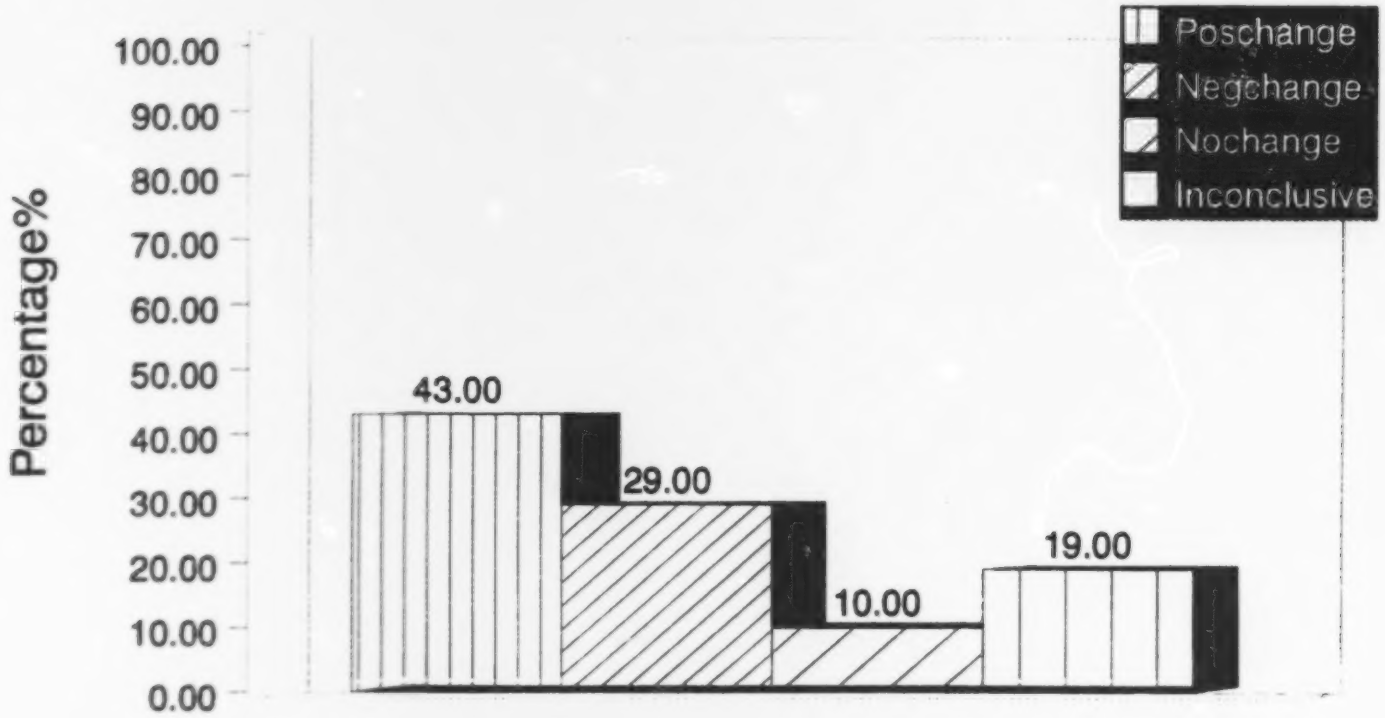
Pre-Test Mean (X):	11.37
Pre-Test Mode (M):	14.00
Pre-Test Median (Mdn):	11.00
Pre-Test Standard Deviation (s):	3.20
Post-Test Mean (X):	10.91
Post-Test Mode (M):	13.00
Post-Test Median (Mdn):	11.00
Post-Test Standard Deviation (s)	2.72

Subject	Pre-Test Score	No. of 'No Opinion'	Post-Test Score	No. of 'No Opinion'	Change
1	8	2	12	1	-4
2	10	0	10	0	NC
3	14	1	12	1	2
4	10	3	NT	0	IN
5	14	1	12	2	2
6	12	1	12	0	NC
7	11	1	13	0	-2
8	11	0	NT	0	IN
9	14	0	15	0	-1
10	14	0	8	0	6
11	12	1	11	2	1
12	8	1	NT	0	IN
13	14	0	13	0	1
14	11	0	7	1	4
15	10	2	8	3	2
16	11	0	NT	0	IN
17	11	0	6	3	5
18	10	1	7	3	3
19	14	0	NT	0	IN
20	16	0	7	3	9
21	3	4	10	1	-7
22	7	2	7	1	NC
23	7	1	12	0	-5
24	6	2	13	1	-7
25	9	2	13	0	-4
26	11	0	13	0	-2
27	17	1	13	0	4
28	11	0	16	0	-5
29	20	0	NT	0	IN
30	14	1	10	1	4
31	14	1	17	0	-3
32	11	0	10	1	1
33	13	1	11	0	2
34	14	0	14	0	NC
35	13	1	8	2	5
36	7	0	9	0	-2
37	8	2	NT	0	IN
38	10	1	9	1	1
39	13	0	9	1	4
40	10	0	11	0	-1
41	13	0	11	0	2
42	NT	0	13	0	IN

Scores of subjects who did not take either Pre or Post Test (Inconclusive) were not computed

NOTE: Students responding with "no opinion" showed a slightly higher level of self esteem. The condition caused by responding with "no opinion" gave a false reading indicating a higher self-esteem. The number of "no opinion" responses is shown in the data above.

Weissberg Pre / Post



72

73

66

APPENDIX G

COOPERSMITH SELF-ESTEEM INVENTORIES

RESULTS

APPENDIX G

COOPERSMITH SELF-ESTEEM INVENTORIES

RESULTS

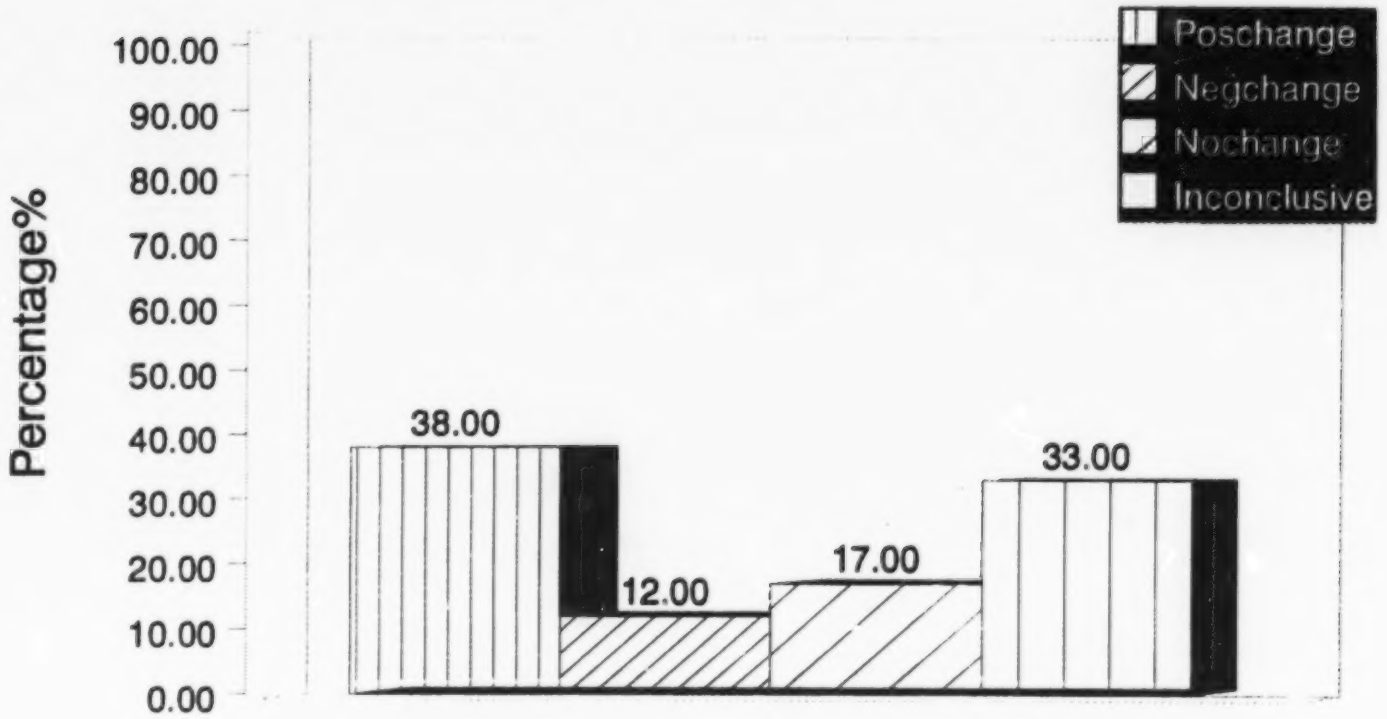
Number of:		
Subjects in study (SR):	42	(100.00%)
Subjects responding to Pre-Test (SR-PRE):	39	(92.85%)
Subjects responding to Post-Test (SR-POST):	31	(73.80%)
Possible questions in test (42 x 25 items):	1050	(100.00%)
Pre-Test questions (SR-PRE x 25):	975	(92.85%)
Post-Test questions (SR-POST x 25):	775	(73.80%)
Subjects showing 'No Change':	7	(16.66%)
Subjects showing 'Inconclusive':	14	(33.33%)
Subjects showing negative change:	5	(11.90%)
Subjects showing positive change:	16	(38.09%)

Pre-Test Mean (X):	75.79
Pre-Test Mode (M):	76.00
Pre-Test Median (Mdn):	76.00
Pre-Test Standard Deviation (s):	15.95
Post-Test Mean (X):	81.68
Post-Test Mode (M):	88.00
Post-Test Median (Mdn):	84.00
Post-Test Standard Deviation (s)	13.05

Subject	Pre-Test Score	Post-Test Score	Change
1	52	NT	IN
2	NT	88	IN
3	64	68	4
4	84	NT	IN
5	72	88	-16
6	92	88	-4
7	88	88	NC
8	72	84	12
9	92	NT	IN
10	44	56	12
11	92	92	NC
12	84	92	8
13	24	NT	IN
14	88	76	-12
15	64	80	16
16	88	NT	IN
17	76	92	16
18	72	72	NC
19	84	88	4
20	80	NT	IN
21	88	100	12
22	76	NT	IN
23	92	96	4
24	76	NT	IN
25	84	88	4
26	100	100	NC
27	76	84	8
28	84	92	8
29	64	NT	IN
30	60	NT	IN
31	84	80	-4
32	80	76	-4
33	NT	52	IN
34	NT	76	IN
35	88	92	4
36	72	72	NC
37	52	64	12
38	64	64	NC
39	76	84	8
40	100	100	NC
41	76	60	-16
42	52	NT	IN

Scores of subjects who did not take either Pre or Post Test (Inconclusive) were not computed.

Coopersmith SEI



APPENDIX H

ROSENBERG SELF-ESTEEM SCALE

RESULTS

APPENDIX H

ROSENBERG SELF-ESTEEM SCALE

RESULTS

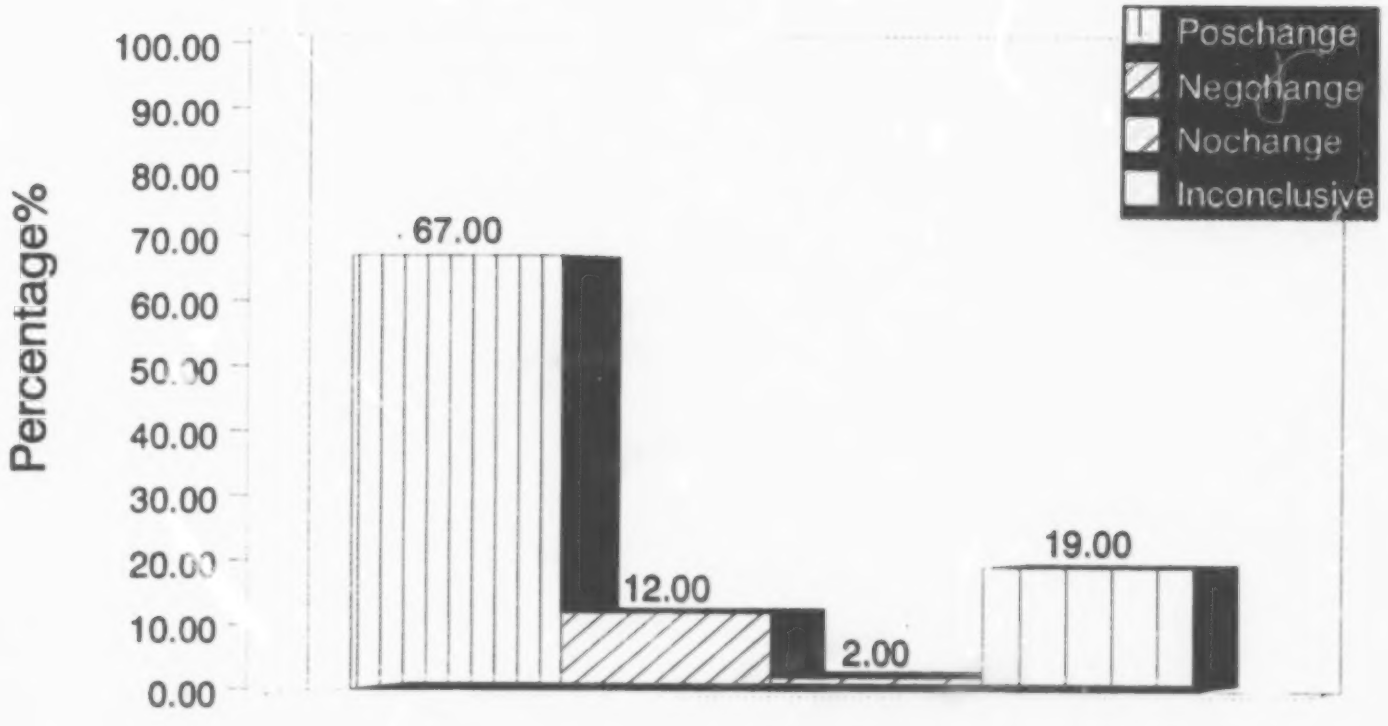
Number of:		
Subjects in study (SR):	42	(100.00%)
Subjects responding to Pre-Test (SR-PRE):	34	(80.95%)
Subjects responding to Post-Test (SR-POST):	34	(80.95%)
Possible questions in test (42 x 10 items):	420	(100.00%)
Pre-Test questions (SR-PRE x 10):	340	(80.95%)
Post-Test questions (SR-POST x 10):	340	(80.95%)
Subjects showing 'No Change':	1	(2.38%)
Subjects showing 'Inconclusive':	8	(19.04%)
Subjects showing negative change:	5	(11.90%)
Subjects showing positive change:	28	(66.66%)

Pre-Test Mean (X):	23.79
Pre-Test Mode (M):	17.00
Pre-Test Median (Mdn):	25.50
Pre-Test Standard Deviation (s):	7.16
Post-Test Mean (X):	31.26
Post-Test Mode (M):	29.00
Post-Test Median (Mdn):	31.00
Post-Test Standard Deviation (s)	5.50
Degrees of Freedom:	33.00
t Statistic:	5.83
t Probability (Two-Tailed):	0.000002

Subject	Pre-Test Score	Post-Test Score	Change
1	22	31	9
2	17	34	17
3	25	34	9
4	34	39	5
5	14	29	15
6	34	34	NC
7	12	28	16
8	16	31	15
9	33	40	7
10	24	20	-4
11	27	33	6
12	31	38	7
13	9	29	20
14	23	19	-4
15	27	37	10
16	29	34	5
17	17	28	11
18	26	29	3
19	33	38	5
20	24	29	5
21	26	27	1
22	30	34	4
23	32	40	8
24	18	28	10
25	28	23	-5
26	17	27	10
27	10	32	22
28	19	40	21
29	18	37	19
30	26	29	3
31	29	31	2
32	19	27	8
33	28	24	-4
34	32	30	-2
35	NT	NT	IN
36	NT	NT	IN
37	NT	NT	IN
38	NT	NT	IN
39	NT	NT	IN
40	NT	NT	IN
41	NT	NT	IN
42	NT	NT	IN

Scores of subjects who did not take either Pre or Post Test (Inconclusive) were not computed.

Rosenberg RSE



APPENDIX I

PIERS-HARRIS SELF-CONCEPT SCALE

RESULTS

APPENDIX I

PIERS-HARRIS SELF-CONCEPT SCALE

RESULTS

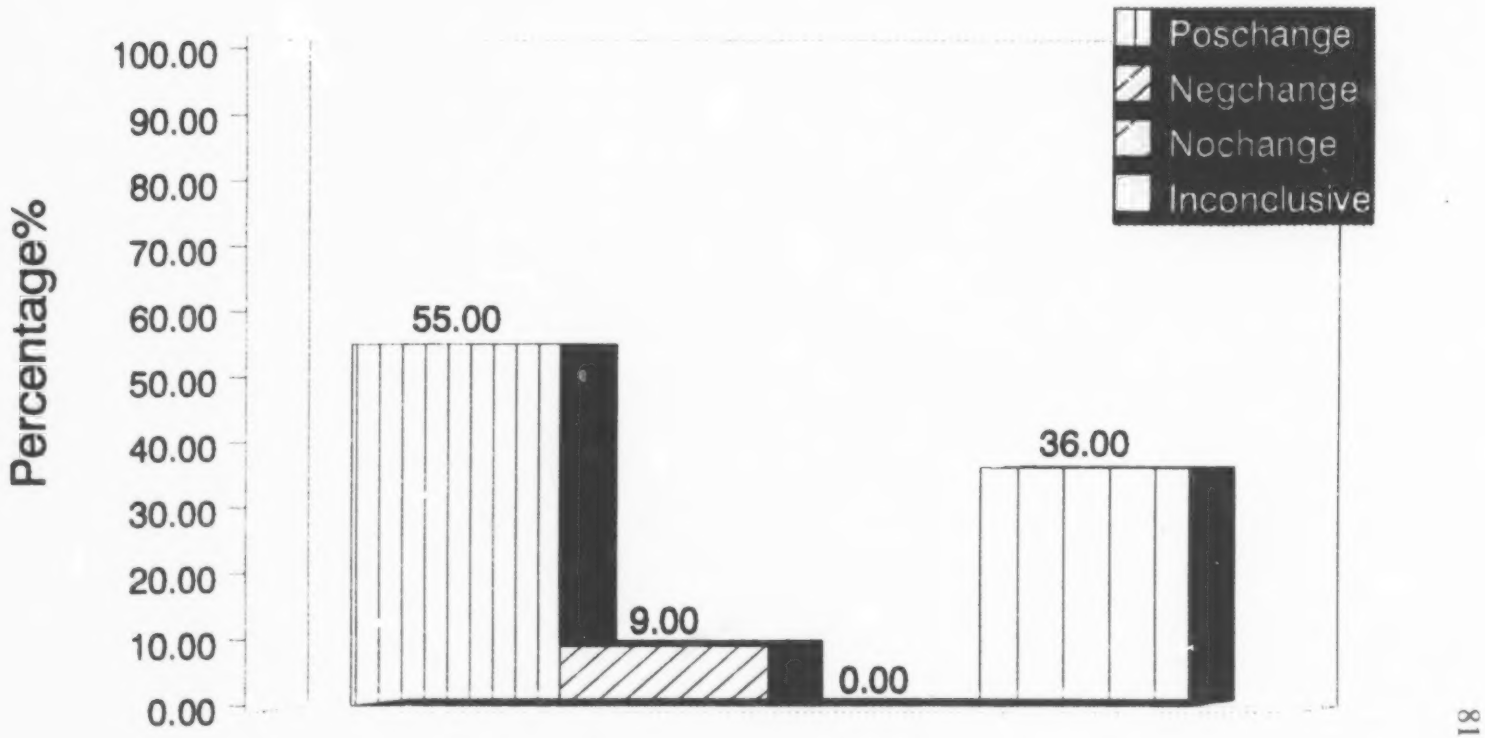
Number of:	
Subjects in study (SR):	42 (100.00%)
Subjects responding to Pre-Test (SR-PRE):	27 (64.28%)
Subjects responding to Post-Test (SR-POST):	27 (64.28%)
Possible questions in test (42 x 80 items):	3360 (100.00%)
Pre-Test questions (SR-PRE x 80):	2160 (64.28%)
Post-Test questions (SR-POST x 80):	2160 (64.28%)
Subjects showing 'No Change':	0 (0.00%)
Subjects showing 'Inconclusive':	15 (35.71%)
Subjects showing negative change:	4 (9.52%)
Subjects showing positive change:	23 (54.76%)

Pre-Test Mean (X):	42.81
Pre-Test Mode (M):	26.00
Pre-Test Median (Mdn):	39.00
Pre-Test Standard Deviation (s):	14.06
Post-Test Mean (X):	59.00
Post-Test Mode (M):	56.00
Post-Test Median (Mdn):	56.00
Post-Test Standard Deviation (s)	7.96
Degrees of Freedom:	41.11
t Statistic:	5.20
t Probability (Two-Tailed):	0.000006

Subject	Pre-Test Score	Post-Test Score	Change
1	42	58	16
2	54	67	13
3	38	64	26
4	27	53	26
5	56	55	-1
6	34	77	43
7	29	56	27
8	64	69	5
9	52	59	7
10	47	51	4
11	39	64	25
12	49	53	4
13	71	67	-4
14	60	66	6
15	26	54	28
16	34	48	14
17	39	57	18
18	18	48	30
19	60	63	3
20	36	69	33
21	33	54	21
22	47	55	8
23	57	56	-1
24	59	51	-8
25	26	49	23
26	35	56	21
27	24	74	50
28	NT	NT	IN
29	NT	NT	IN
30	NT	NT	IN
31	NT	NT	IN
32	NT	NT	IN
33	NT	NT	IN
34	NT	NT	IN
35	NT	NT	IN
36	NT	NT	IN
37	NT	NT	IN
38	NT	NT	IN
39	NT	NT	IN
40	NT	NT	IN
41	NT	NT	IN
42	NT	NT	IN

Scores of subjects who did not take either Pre or Post Test (Inconclusive) were not computed.

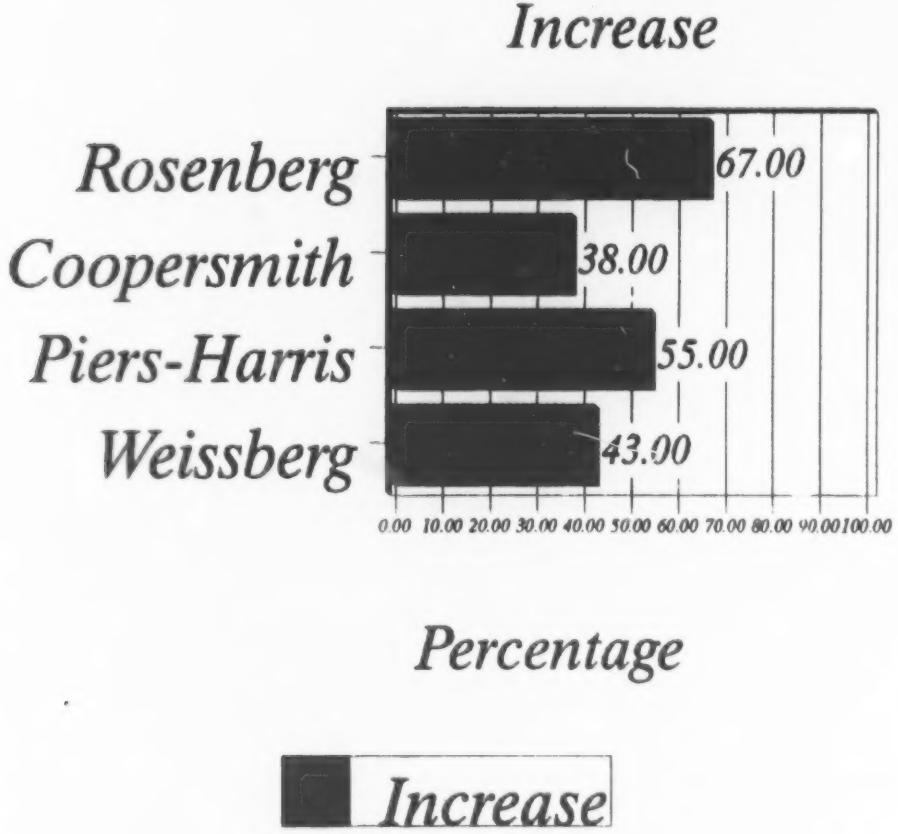
Piers-Harris Self Concept Scale



APPENDIX J

TOTAL SELF-ESTEEM INCREASE

Self Esteem



APPENDIX J

TOTAL SELF-ESTEEM INCREASE

APPENDIX K

PERCENTAGE EXCEEDING

OUTCOME OBJECTIVES FOR SE INCREASE

Percentage Exceeding

Outcome Objectives for SE Increase

APPENDIX K

PERCENTAGE EXCEEDING

OUTCOME OBJECTIVES FOR SE INCREASE

APPENDIX L

WEISSBERG POST-TREATMENT OPINIONNAIRE

APPENDIX L

WEISSBERG POST-TREATMENT OPINIONNAIRE

DIRECTIONS:

PLACE THE APPROPRIATE NUMBER BEFORE THE QUESTION:

1-STRONGLY AGREE, 2-AGREE, 3-NO OPINION, 4-DISAGREE,

5-STRONGLY DISAGREE.

1. I HAVE DIFFICULTY SELECTING THE PROPER ENGLISH WORDS OR PHRASES WHEN SPEAKING IN PUBLIC.

2. I LIKE PUBLIC SPEAKING.

3. I FEEL THAT MY PUBLIC SPEAKING EXPERIENCE IN THE CLASSROOM HAS MADE ME A BETTER PUBLIC SPEAKER.

4. I THINK THAT I NOW POSSESS SKILLS NECESSARY FOR EFFECTIVE PUBLIC SPEAKERS.

5. I FEEL MORE CONFIDENT ABOUT PUBLIC SPEAKING THAN I DID SIX MONTHS AGO.

6. I FEEL THAT I AM MORE PREPARED TO GIVE AN ORAL REPORT OR PRESENTATION IN ANOTHER CLASS NOW THAT I HAVE HAD A PUBLIC SPEAKING EXPERIENCE IN THIS CLASS.

7. I FEEL THAT I AM MORE PREPARED TO GIVE AN ORAL REPORT OR PRESENTATION AT MY JOB NOW THAT I HAVE A PUBLIC SPEAKING EXPERIENCE IN THIS CLASS.

8. I AM GLAD THAT I HAVE HAD A PUBLIC SPEAKING EXPERIENCE IN THIS CLASS.

9. I THINK THAT EVERY STUDENT SHOULD BE REQUIRED TO TAKE A CLASS IN PUBLIC SPEAKING.

10. I WOULD TAKE A CLASS THAT CONCENTRATED SOLELY ON THE TOPIC OF PUBLIC SPEAKING.

11. I THINK THAT A PUBLIC SPEAKING EXPERIENCE SHOULD CONTINUE TO BE INCLUDED IN THIS CLASS.

APPENDIX M

WEISSBERG POST-TREATMENT OPINIONNAIRE

SCORE VALUES

APPENDIX M

WEISSBERG POST-TREATMENT OPINIONNAIRE

SCORE VALUES

Questions 1 is negative. A "1" or "2" indicate low self-esteem. A "1" will be worth 4 points, and a "2" will be worth 3 points. A "4" or "5" will indicate high self-esteem. A "4" will be worth 2 points, and a "5" will be worth 1 point. For scoring, a "3" is worth no points.

Questions 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11 are positive. An answer of "1" or "2" indicates high self-esteem, so a "1" will be worth 1 point. A "2" will be worth 2 points. An answer of "4" or "5" indicates low self-esteem, so a "4" will be worth 3 points, and a "5" will be worth 4 points. For scoring, a "3" is worth no points.

The higher the point value, the lower the self-esteem.

APPENDIX N

WEISSBERG POST-TREATMENT QUESTIONNAIRE

CONVERSION GRID

APPENDIX N

WEISSBERG POST-TREATMENT QUESTIONNAIRE

CONVERSION GRID

11----------19----------27----------35----------44

Very High High Medium Low Very Low

APPENDIX O

WEISSBERG POST-TREATMENT OPINIONNAIRE

RESULTS

APPENDIX O
WEISSBERG POST-TREATMENT OPINIONNAIRE RESULTS

Subject	Post-Test Score	Rating
1	14	High to Very High
2	11	Very High
3	19	High
4	NT	
5	18	High
6	23	Medium to High
7	16	High to Very High
8	18	High
9	24	Medium to High
10	18	High
11	18	High
12	NT	
13	29	Low to Medium
14	8	Very High
15	13	Very High
16	NT	
17	11	Very High
18	17	High to Very High
19	NT	
20	18	High
21	10	Very High
22	16	High to Very High
23	14	High to Very High
24	19	High
25	13	Very High
26	21	Medium to High
27	19	High
28	40	Very Low
29	NT	
30	23	Medium to High
31	19	Very High
32	18	Very High
33	15	Very High
34	14	High to Very High
35	17	High to Very High
36	17	High
37	NT	
38	11	Very High
39	27	Medium
40	20	High
41	12	Very High
42	14	High to Very High

APPENDIX P

WEISSBERG POST-TREATMENT OPINIONNAIRE

ITEM RESPONSE ANALYSIS

APPENDIX P
WEISSBERG POST-TREATMENT OPINIONNAIRE
ITEM RESPONSE ANALYSIS

Item Number	No. of 'S.A.'	No. of 'A.'	No. of 'No Op.'	No. of 'D.'	No. of 'S.D.'	Total
1	2	16	1	12	5	36
2	6	10	11	6	3	36
3	14	16	4	1	1	36
4	7	19	3	4	3	36
5	13	18	3	1	1	36
6	11	17	5	3	0	36
7	12	15	5	4	0	36
8	20	11	2	1	2	36
9	21	7	4	3	1	36
10	8	15	7	4	2	36
11	20	9	3	0	4	36